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**FACSIMILE TRANSMISSION****CONFIDENTIAL****DATE:** November 30, 2006**CLIENT-MATTER No.:** 23831-08092**To:**

NAME	FAX No.	PHONE No.
USPTO	571-273-8300	

**FROM:** Laura A. Majerus**PHONE:** (650) 335-7152**SENT BY:** Dana Chevalier**PHONE:** (650) 943-5363

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence during pendency of filed application)	Application Number	10/667,103	
	Filing Date	September 17, 2003	
	First Named Inventor	Justin Khoo	
	Group Art Unit Number	2154	
	Examiner Name	John A. Follansbee	
Total Number of Pages in This Submission	2	Attorney Docket Number	23831-08092

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
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<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [ ] Sheet(s) of Figure(s) [ ]
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<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
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REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	<i>Laura Majerus</i>
Attorney/Reg. No.:	Laura A. Majerus, Reg. No. 33,917
Dated:	Nov 30, 2006

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the data shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.	
Signature:	<i>Laura Majerus</i>
Typed or Printed Name:	Laura A. Majerus
Dated:	Nov 30, 2006
Facsimile Number:	571-273-8300

23831/08092/DOCS/1671559.1

NOV 30 2006

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/667,103
Filing Date	September 17, 2003
First Named Inventor	Justin Khoo
Group Art Unit	2154
Examiner Name	John A. Follansbee
Attorney Docket Number	23831-08092

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Barry N. Young Law Offices of Barry N. Young				
Address	Court House Plaza, Suite 410				
Address	260 Sheridan Avenue				
City	Palo Alto	State	CA	Zip	94306
Country	USA				
Telephone	(650) 326-2701	Fax	(650) 326-2799		

- ☒ This request is made on behalf of myself and  
☐ all the attorneys/agents of record,  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☒ the attorneys/agents associated with Customer Number 00758.  
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Laura A. Majerus, Reg. No. 33,417
Signature	<i>Laura Majerus</i>
Date	Nov 30, 2006

NOTE: Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

23801/07824/DOCS/1670633.1